

CLAIMS ONLY							Application Number <b>101698278</b>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
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Total Indep												
Total Depend	14											
Total Claims	15											

Best Available Copy